**40 ANTIVIRAL MEDICATION ADHERENCE FORM**

Most people with HIV have many pills to take at different times during the day.

Many people find it hard to always remember their pills.

- Some people get busy and forget to carry their pills with them.
- Some people find it hard to take their pills according to all the instructions, such as “take with meals” or “take every 8 hours”.
- Some people decide to skip, reduce or stop doses to avoid side effects.

We need to understand how people with HIV are really doing with their medication doses.

**MARKING INSTRUCTIONS**
- Use a No. 2 pencil only.
- Do not use ink, ballpoint, or felt tip pens.
- Make solid marks that fill the circle completely.
- Erase cleanly any marks you wish to change.
- Make no stray marks on this form.

<table>
<thead>
<tr>
<th>Name of Drug:</th>
<th>Name of Drug:</th>
<th>Name of Drug:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How many TIMES did you actually take this medication?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yesterday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 days ago [DAY]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 days ago [DAY]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 days ago [DAY]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is this pattern typical of your recent use of [DRUG]?

- No
- Yes

Was there any time in the last 4 days that you took fewer PILLS per dose (time) than were prescribed?

- No
- Yes

PLEASE CONTINUE ON THE NEXT PAGE IF PARTICIPANT IS CURRENTLY TAKING MORE THAN THREE MEDICATIONS. OTHERWISE, SKIP TO Q.2.
### How many TIMES did you actually take this medication?

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yesterday</strong></td>
<td>0 1</td>
<td>2 3</td>
<td>4 5</td>
</tr>
<tr>
<td><strong>2 days ago [DAY]</strong></td>
<td>0 1</td>
<td>2 3</td>
<td>4 5</td>
</tr>
<tr>
<td><strong>3 days ago [DAY]</strong></td>
<td>0 1</td>
<td>2 3</td>
<td>4 5</td>
</tr>
<tr>
<td><strong>4 days ago [DAY]</strong></td>
<td>0 1</td>
<td>2 3</td>
<td>4 5</td>
</tr>
</tbody>
</table>

Is this pattern typical of your recent use of [DRUG]?

- [ ] No
- [ ] Yes

Was there any time in the last 4 days that you took fewer PILLS per dose (time) than were prescribed?

- [ ] No
- [ ] Yes

---

**PLEASE CONTINUE ON THE NEXT PAGE IF PARTICIPANT IS CURRENTLY TAKING MORE THAN SIX MEDICATIONS. OTHERWISE, SKIP TO Q.2.**
How many TIMES did you actually take this medication?

<table>
<thead>
<tr>
<th>Yesterday</th>
<th>0 1 2 3 4 5 6 7 8 9</th>
<th>0 1 2 3 4 5 6 7 8 9</th>
<th>0 1 2 3 4 5 6 7 8 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 days ago [DAY]</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td>3 days ago [DAY]</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td>4 days ago [DAY]</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
</tr>
</tbody>
</table>

Is this pattern typical of your recent use of [DRUG]?

- No
- Yes

Was there any time in the last 4 days that you took fewer PILLS per dose (time) than were prescribed?

- No
- Yes

2. When was the last time you skipped any of your medications?

- Never skip medications ➔ **IF NEVER, SKIP TO Q.4.**
- Within the past week
- 1–2 weeks ago
- 3–4 weeks ago
- 1–3 months ago
- More than 3 months ago
3. People miss taking their medications for various reasons. Here is a list of possible reasons.

How often have you missed taking your current medications because you:

- a. Were away from home?
- b. Were busy with other things?
- c. Simply forgot?
- d. Had too many pills to take?
- e. Wanted to avoid side effects?
- f. Did not want others to notice you taking medication?
- g. Had a change in daily routine?
- (e.g., vacation, holiday, non-work day)
- h. Felt like the drug was toxic or harmful?
- i. Fell asleep/slept through dose time?
- j. Felt sick or ill?
- k. Felt depressed or overwhelmed?
- l. Had problems taking the pills?
- m. Ran out of pills?
- n. Don’t want to take pills?
- o. Have special instructions that conflict?
- p. Other?

Specify:

4. Most anti-HIV medications need to be taken on a schedule, such as “2 times a day” or “every 8 hours.” How closely did you follow your specific schedule over the last four days?

- Never
- Some of the time
- About half of the time
- Most of the time
- All of the time

5. Do any of your anti-HIV medications have special instructions such as “take with food” or “take on an empty stomach” or “take with plenty of fluids”?

- No  
- Yes  

IF YES, how often did you follow those special instructions over the last four days?

- Never
- Some of the time
- About half of the time
- Most of the time
- All of the time

Do any of these special instructions conflict?

- No
- Yes

6. How do you remember to take your medications?

- a. Calendar/diary
- b. Pill box
- c. Alarm
- d. Friend/family member
- e. Memory only
- f. Other

Specify: